

CLAIMS ONLY

Application Number

10/816954

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
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46						
47						
48						
49						
50						
Total Indep						
Total Depend						
Total Claims						

	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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Total Indep						
Total Depend						
Total Claims						

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CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
10 1						
10 2						
10 3						
10 4	1					
10 5						
10 6						
10 7						
10 8						
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10 10						
10 11						
10 12						
10 13	1					
10 14						
10 15						
10 16						
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10 48						
10 49						
10 50						
Total Indep	4					
Total Depend	35					
Total Claims	39					

	Indep	Depend	Indep	Depend	Indep	Depend
61						
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Total Indep						
Total Depend						
Total Claims						